

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 27 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Warren  
Township Elkhorn  
City Truesdale (No. 1)

Registration District No. 881  
Primary Registration District No. 6171

File No. 35572  
Registered No. 38  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) single  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Truesdale Mo.

13. NAME Garrett Haseenjaeger  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leboch, Mo.

15. MAIDEN NAME Margaret Van Bibber  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Truesdale, Mo.

17. INFORMANT Mrs. Margaret Haseenjaeger (ADDRESS) Truesdale, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton City Cem. DATE Sept 8, 1937

19. UNDERTAKER F. W. Hiebert (ADDRESS) Warrenton, Mo.

20. FILED Sept 9, 1937 W. J. Vebeling Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1937

22. I HEREBY CERTIFY. That I attended deceased from August 15, 1937, to Sept 7, 1937.  
I last saw him alive on Sept 6, 1937. Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Pertussis Date of onset 8/15/37

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) Charles L. Garcia, M. D.

(Address) Warrenton, Mo.

